



2006 SAFE COMMUNITIES CONFERENCE

JUNE 14-15, 2006

Kellogg Hotel and Conference Center

East Lansing, Michigan

REGISTRATION FORM
DUE DATE – JUNE 5, 2006

PLEASE MAIL OR FAX THE COMPLETED REGISTRATION FORM TO

Arlene Turner, OHSP, 4000 Collins Road, P.O. Box 30633

Lansing, MI 48909-8133

FAX: (517) 333-5756

****NOTICE**** Lodging will be double occupancy. Please photo copy this form if you will be sending additional people, renumbering to indicate the total attending.

#1 NAME:		<input type="checkbox"/> Male	<input type="checkbox"/> Female
NAME:			
AGENCY:			
ADDRESS:			
CITY/STATE/ZIP:		VEGETARIAN MEALS:	
CONTACT PERSON:		PHONE NUMBER:	
EMAIL ADDRESS:		FAX NUMBER:	
*I WILL NEED A ROOM: <input type="checkbox"/> YES <input type="checkbox"/> NO		SMOKING: <input type="checkbox"/> YES <input type="checkbox"/> NO	
ROOMMATE PREFERENCE NAME:		AGENCY:	
#2 NAME:		<input type="checkbox"/> Male	<input type="checkbox"/> Female
NAME:			
AGENCY:			
ADDRESS:			
CITY/STATE/ZIP:		VEGETARIAN MEALS:	
CONTACT PERSON:		PHONE NUMBER:	
EMAIL ADDRESS		FAX NUMBER:	
*I WILL NEED A ROOM: <input type="checkbox"/> YES <input type="checkbox"/> NO		SMOKING <input type="checkbox"/> YES <input type="checkbox"/> NO	
ROOMMATE PREFERENCE NAME:		AGENCY:	

***CANCELLATION POLICY:** There will be no charges if cancellations are made by contacting OHSP at least 48 hours prior to arrival. After that time you will be responsible for paying cancellation charges.